	►UNI	FORM BU	SINE	SS REPO	RT	(UBR)	6	2002/2001		
DOCUMENT # P96000039998							*	FILED		
ELIO SERRA SET DESIGNER, INC						コスク		02 MAY 28 PM 3: 12		
Principal Place of Business Mailing Address								SECRETARY OF STATE TALLAHASSEE, FLORIDA	•	
4770 S.W. 75 AVE.							MEENINGGED I EGINDA			
M(AML, FL. 33155								•		
Principal Place of Business     3. Mailing Address						,				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE -		
City & State				City & State				4. FEI Number 066 4513 Applied For Not Applicable		
Zip	Country			Zip	intry		5. Certificate of Status Desired See Required Fee Required	al ·		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
ELIO SERRA					Name Street Address (P.O. Box Number is Not Acceptable)					
4770 S.W. 75				AVE		Street Address (F.O. Box Number is Not Acceptable)				
M(AM), FL. 33155						City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.										
E. Co.										
SIGNATURE Signature, Noted carried name of registered agent and title if applicable. (NOTE: Registered Agent signature required w							ed when reinstating) DATE .	-		
FILE NOW:  9. Election Campaign Financing Trust Fund Contribution.						- <del> </del>		00 May Be Make Check Payable to Department of State		
10.	1	OFFICERS AN			11.		- 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	ELIO	SERRA		S D □ Delete	TITLI	1		☐ Change ☐	Addition	
STREET ADDRESS	4770	5.W.	75 /	906.	STRE	ET ADDRESS				
CITY-ST-ZIP	MC	111111111111111111111111111111111111111		-	-ST-ZIP		800005677718	Addition		
TITLE NAME			•	Delete TITU NAM				-06/04/0201卿9°°01写 ****380.00 *****300.0	iD	
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS				
TITLE				TITL			☐ Change	Addition		
NAME	<u> </u>	NA NA		NAM	I		10 1			
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS - ST-ZIP		195/28			
TITLE				TITL	<del></del>		☐ Change	Addition		
NAME		N/		NAM	- I					
STREET ADDRESS CITY-ST-ZIP		,		1	EET ADDRESS '-ST-ZIP		I	ĺ		
TITLE	· Dele		☐ Delete	TITLE			☐ Change ☐	Addition		
NAME CIDEET ADDRESS					IE		•			
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP		-		
		e information supplier	with this fili	ing does not guislify for	the exe	mntion stated	in Se	Section 119.07(3)(i), Florida Statutes. I further certify that the inform	nation	

14. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that I is information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: